

P04000059080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

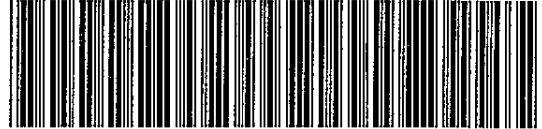
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

James Commander
AUTHORIZATION BY PHONE TO
CORRECT *Shares*
DATE *4-7-04*
DOC. EXAM *WC*

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4-7-04

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Commander Performance Co.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: James Commander
Name (Printed or typed)

500 Farmer's Market Road #4
Address

Fort Pierce, Fl. 34982
City, State & Zip

772-461-6766
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Commander Performance Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

500 Farmers market Road #4
Ft. Pierce, Fl. 34982

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Auto Mechanic / Repair

ARTICLE IV SHARES

The number of shares of stock is:

2 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

D-James Commander, 500 Farmer's Market Road #4 Fort Pierce Fl.
Master Mechanic
Robin Owens, 4102 Oleander Avenue, Ft. Pierce, Fl. 34982
Administrative Manager

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Robin Owens
4102 Oleander Avenue
Fort Pierce, Fl. 34982.

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Robin Owens
4102 Oleander Avenue
Ft. Pierce, Fl. 34982

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Robin M. Owens

Signature/Registered Agent

3/18/04

Date

Robin M. Owens

Signature/Incorporator

3/18/04

Date

FILED
2009 APR -2 P 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA